| Septer (Gen. Reg. N | or General, U. S. nber 7, 1950 a. 51, Supp. No. 11) Sebruary 20, 1982) | SERVICE | S OTHER THAI | 1 PERSONAL | Bu. | Vou. No. | 14 | 4 | | |
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| U. S. Cost Reimbursable | | | | | | | - PAID BY | | | |
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| Voucher prepared at | | | | | | SAPC 3150 | | | | |
| THE UNITED | STATES, Dr., | Payee's Account No. 648 | | | | COPY ! OF 3 | | | | |
| To | | (Paye | e) | | | ,} | | The second section is a second | | |
| | | dress) | (City) | (State) | | | | | | |
| N- and Data a | | ARTICLES OR SERVICES (Enter description, item number of contract or Federal | | | OUANTITY - | UNIT PRICE Cost Per | | AMOUN | | |
| No. and Date of Order | or Service | schedule, and othe Discount Terms | r Information decined | mation doesned necessary) | | | | | | |
| • | | Cost | | | | | | 5,961 | | |
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| PAYMENT: | | | | | | | | | | |
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| Final | 1 | Use continu to Weig | uation sheet(s) if necessa | ry vernment B/L No. | | | Total | 5,961 | | |
| Shipped from | | t and just and that payment | | | yee must NOT | use this | | 2130 | | |
| I certify that the | e above pill is correc | (Sign original only) | nas not been received. | Differe | ences | | | | | |
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| Date | | at require | | bille) Am | ount verified; | correct for | | 5964 | | |
| | | <u></u> 1 | | (Sig | gnature or initia | | M | | | |
| Contract No. | <u> </u> | Date | Req. No. | | Date | I | voice Rec | d. | | |
| | | I certify that this account is o | correct and proper for p | ayment. | | | la/El | 2 | | |
| † Approved for | 5.964.02 | | | † | | tifyi | ng Officer) | | | |
| Д Ву | | | SIGN ORIGINAL ONLY | Title Aut | horized | | | Officer | | |
| Tale Con | tracting Of | ficer | | Date | | , | | | | |
| I ILIC TILLIAN | | HIS FORM MUST BE EXECUTED WHEN | I PURCHASES ARE MADE OR | | HOUT WRITTEN A | GREEMENT I | N ANY FORM | | | |
| | ACCOU | NTING CLASSIFICATION (A | Appropriation Symbol | must be shown: of | her classificati | on option | al) | | | |
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| A | approving Of | ircer / | | | | | | | | |
| Paid by { Check | No | dated | ed, 19, for \$ | | | on Treasurer of the United Sta favor of payee named above. | | | | |
| Tam ny) C -t- | \$ | on | 19 | Payee | | (Sign original | | | | |

Standard Form No. 1035—Revised Form prescribed by Comptroller GeneAldproved September 7, 1980 (Gen. Reg. No. 51, Supp. No. 11) Services Other Than Personal

CONTINUATION SHEET

| No. and Date of Order | 1 | ost Reimbursable Sheet No. (Department, bureau, or establishment) | QUAN- TITY | UNIT PRICE | | AMOUNT | |
|--------------------------|-----------------------------------|--|---------------|------------|-----|---------|----|
| | Date of Delivery or Service | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | | Cost | Per | Dollars | Ct |
| | | PAYROLL SYSTEM I | | | | | |
| | | Direct Labor Costs properly chargeable to Contract AlO1 for the period 12-5-55 thru 12-11-55 | | | | | |
| | | Week Ending 12-11-55 | | | | 2,338. | 8 |
| | 25X1A | | | | | 3,625. | 1 |
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